

CRITERIA FOR PRIOR AUTHORIZATION**Monoamine Depletor (VMAT2 Inhibitors)****PROVIDER GROUP** Pharmacy

MANUAL GUIDELINES The following drug requires prior authorization:
Deutetrabenzine (Austedo™)
Tetrabenazine (Xenazine®)
Valbenazine (Ingrezza®)

CRITERIA FOR INITIAL APPROVAL FOR TETRABENAZINE: (must meet all of the following)

- For doses \leq 50 mg per day:
 - Diagnosis of chorea associated with Huntington's disease
 - Patient must be 18 years of age or older
 - Prescribed by or in consultation with a neurologist
 - Must NOT have any of the following:
 - Hepatic impairment
 - Be taking a monoamine oxidase inhibitor (MAOI), reserpine (at least 20 days should elapse after stopping reserpine before starting tetrabenazine), or another VMAT2 inhibitor
 - Suicidal, or untreated/inadequately treated depression
- For doses > 50 mg per day:
 - Must meet all of the above stated criteria for less than 50mg per day
 - Patient must be genotyped for CYP2D6 and must be extensive or intermediate metabolizer

CRITERIA FOR INITIAL APPROVAL FOR DEUTETRABENAZINE: (must meet all of the following)

- Must meet one of the following:
 - Diagnosis of chorea associated with Huntington's disease
 - Diagnosis of tardive dyskinesia
- Patient must be 18 years of age or older
- Prescribed by or in consultation with a neurologist or psychiatrist
- Must NOT have any of the following:
 - Hepatic impairment
 - Be taking a monoamine oxidase inhibitor (MAOI), reserpine (at least 20 days should elapse after stopping reserpine before starting deutetrabenazine), or another VMAT2 inhibitor
 - Suicidal, or untreated/inadequately treated depression
- Dose must not exceed 48 mg per day

CRITERIA FOR INITIAL APPROVAL FOR VALBENAZINE: (must meet all of the following)

- Diagnosis of tardive dyskinesia
- Patient must be 18 years of age or older
- Prescribed by or in consultation with a psychiatrist
- Must NOT have any of the following:
 - Hepatic impairment
 - Be taking a monoamine oxidase inhibitor (MAOI), reserpine (at least 20 days should elapse after stopping reserpine before starting valbenazine), or another VMAT2 inhibitor
 - Suicidal, or untreated/inadequately treated depression
- Dose must not exceed 80 mg per day

PA Criteria

LENGTH OF APPROVAL: 6 months

CRITERIA FOR RENEWAL (must meet all of the following):

- Must meet one of the following:
 - Diagnosis of chorea associated with Huntington’s disease and have a reduction in Total Chorea Score of at least 5 points from baseline
 - Diagnosis of tardive dyskinesia and have a reduction in AIMS or DISCUS score of at least 3 points from baseline

LENGTH OF APPROVAL: 12 months

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE

DATE